



PROJECT FUNDING STATUS INQUIRY

This form is to be completed, signed and submitted to the Division of the State Architect (DSA) along with your initial project submittal package. DSA requires this information to determine each project's funding status, your ability to promptly begin construction upon plan approval, and any special funding deadline needs in order to assign appropriate priority as described in DSA Bulletin [BU 09-04](#). In the absence of this form in your submittal package your project will be considered **Category 3**. You may complete this form online, print, sign and submit.

NOTE: A form DSA-10 submittal is not required for Access Only or Over-the-Counter Plan Review.

School District: _____

School Name: _____

Project Description: _____

Project Tracking Number (PTN): _____

DSA Application Number (If assigned): _____ - _____

Estimated Project Cost: \$_____

Please indicate which of the following Categories applies to this project:

Category 1: This project is fully funded and will not use state bond funds. It will start construction within 90 calendar days of DSA approval. (Complete certification below.)

Category 2: This project will use state bond funds but will proceed with local funds. It will start construction within 90 calendar days of DSA approval.

Category 3: This project needs state bond funds and cannot proceed with local funds alone.

In addition, if applicable, provide the following information:

This project has a funding deadline date of _____.

If deadline is for a State Allocation Board program, please list the Office of Public School Construction (OPSC) Application Number(s), Program type (e.g. Financial Hardship, Career Technical Education Facilities, Facility Hardship, Joint Use, Emergency Repair, Overcrowding Relief Grant, Charter School Facilities) and Project Tracking Number below:

OPSC Application Number(s)	SAB Program(s)	Project Tracking Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional information: This project has the following extenuating circumstances such as health or safety issues which make it critically urgent:

By my signature below I certify that the above information is accurate. If I checked the Category 1 box above and it is later determined that the school district applied for state facility program(s) funds for any part of or all of this project, the school district understands and agrees that for the next two years after such information is discovered, any project or projects submitted by the school district to the DSA shall be designated Category 3. I understand that DSA may also alert the State Allocation Board to determine whether a material inaccuracy has occurred pursuant to Education Code Section 17070.51.

(Requires signature of District Superintendent/Chancellor)

NAME _____ TITLE _____ SIGNATURE _____ DATE _____